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PTO/SB/50 (02-01)

Approved for use through 1/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No.	015280-212210US
First Named Inventor	Syed Zaki Salahuddin
Original Patent Number	6,054,283
Original Patent Issue Date (Month/Day/Year)	04/25/2000
Express Mail Label No.	EL 951610632

APPLICATION FOR REISSUE OF:

(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. ☒ Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53)
☐ 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program
(Appendix) or large table
9. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. ☐ Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
11. ☐ Original U.S. Patent for surrender
☐ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other:

14. CORRESPONDENCE ADDRESS

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Kevin L. Bastian

Registration No. (Attorney/Agent)

34,774

Signature

Date

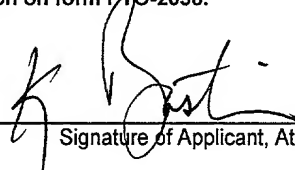
3/1/2002

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SF 1320559 v1

EL 951610632US

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 015280-212210US	
Claims as Filed - Part 1							
Claims in Patent	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
			Rate	Fee	Rate	Fee	
(A) 3 (C) 1	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 11 (D) 2	**** 0 = X\$ ____ = * 0 = X\$ ____ =			or X\$ ____ = X\$ ____ =	
Basic Fee (37 CFR 1.16(h))						\$ 740	
Total Filing Fee					OR	\$ 740	
Claims as Amended - Part 2							
	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS **	* =	X\$ ____ =		X\$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS *****	=	X\$ ____ =		X\$ ____ =	
Total Additional Fee					\$	OR \$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 27 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>20-1430</u> in the amount of \$ <u>740</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>20-1430</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ ____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p>March 1, 2002 Date</p> </div> <div style="width: 40%; text-align: center;">  <p>Signature of Applicant, Attorney or Agent of Record</p> <p>Kevin L. Bastian Typed or printed name</p> </div> <div style="width: 20%; text-align: center;"> <p>34,774 Reg. No.</p> </div> </div>							